MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09800

CERTIFICATE OF DEATH

Reg. Dist. No. 2521

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr Centreville
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
STREET ADDRESS (If rural, give location) Blossingdale Road.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) SAMUEL CLARENCE CHANCE

4. DATE OF DEATH: (Month) (Day) (Year) Sept 20 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: April 15-1866
9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Queen Annes Co Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joshua Chance
14. MOTHER'S MAIDEN NAME: ? Basker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: S. Grayson Chance, Centreville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 450.0

Immediate cause (a) Chronic Valvular disease of the heart
DUE TO
Antecedent cause(s) (b) Arteriosclerosis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1950, to 9-20, 1952, that I last saw the deceased alive on 9/20, 1952, and that death occurred at 12 15 a.m., from the causes and on the date stated above.

SIGNATURE A. F. McPherson (DEGREE OR TITLE) M.D. ADDRESS Centreville, Md. DATE SIGNED 9-20-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept 22-52
NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. 9/22/52
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
SEP 30 1952
BUREAU V.! S.!

09801

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Henry (Last) Clark
4. DATE OF DEATH (Month) Sept (Day) 3 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH Oct 29-1920
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY oystering & fishing
11. BIRTHPLACE (State or foreign country) Chester Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James R. Clark
14. MOTHER'S MAIDEN NAME Grace Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 218-16-7260
17. INFORMANT AND ADDRESS Mrs. Eva Clark - Chester Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning (accident)

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) He was tonging oysters from a boat & fell

(c) over board & drowned

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher M.D. (Degree or title) Deputy Med Exam for 2 A. Co Md. ADDRESS Centreville Md DATE SIGNED 9/3.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 5-52
NAME OF CEMETERY OR ~~CREMATORY~~ Stevensville
LOCATION (City, town, or county) Stevensville (State) Maryland
DATE REC'D BY LOCAL REG. Sept. 5-52
REGISTRAR'S SIGNATURE Elizabeth Hopkins
24. FUNERAL DIRECTOR Barton Bros Centreville ADDRESS Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
SEP 9 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09802

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Queen Anne's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Stevensville
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. Anne's — COUNTY: Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Stevensville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SOPHIA	JOHNS	LEWIS	SEPT.	5	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	C	M	MAY 1886	65 yrs.		

10a. USUAL OCCUPATION (Give kiod of work dooe during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreigo country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	—	MARYLAND	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THEODORE JOHNS	HANNAH CLAYTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	DAUGHTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	12 hrs.
331X Antecedent cause(s) Diseases or conditions, if any, giviog rise to the above cause stating the underlying cause last	(b) Epilepsy	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions cootributiog to the death hut not related to the disease or conditioo causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 19.51., to Sept 4, 19.52., that I last saw the deceased alive on Sept 4, 19.52., and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irvin D. Hoyt	M.D.	Queenstown, Md.	9/5/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 8 1952	Lewis Private Lot	Stevensville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-6-'52	Helen M. Aldridge	J. B. Johnson	Annapolis

RECEIVED
SEP 15 1952
BUREAU V. S.

09994

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Hospital Bay Bridge
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Love Point.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md- COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Carl (Middle) Walter (Last) Magnuson
4. DATE OF DEATH (Month) Sept (Day) 26 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH Nov 5-1924
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electric Engineer
10b. KIND OF BUSINESS OR INDUSTRY Westinghouse
11. BIRTHPLACE (State or foreign country) Denver Colorado
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Magnus Walfred Magnuson
14. MOTHER'S MAIDEN NAME Hilma Josephine Karlson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 521-28-5025
17. INFORMANT AND ADDRESS Mrs Rex W. Anderson 4926 Wyandot St Denver Col.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide by drowning

975X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher M.D. (Degree or title) ADDRESS Centreville Md - Deputy Med Exam for Q A Co Md DATE SIGNED 10/5-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial & Removal
DATE THEREOF Oct 13-52
NAME OF CEMETERY OR ~~CREMATORY~~ Crown Hill
LOCATION (City, town, or county) Jefferson Co Denver (State) Colorado
DATE REC'D BY LOCAL REG. Oct. 5-1952
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

COPY SENT TO ~~LOCAL~~ CHo REGISTRAR No. ____ DATE ____ ~~OCT~~ 17 1952

RECEIVED

BUREAU V. S.

09803

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (In this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wm (Middle) Ellsworth (Last) Rozier

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1952

5. SEX male | 6. COLOR OR RACE Col | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) | 8. DATE OF BIRTH Dec 13-1913 | 9. AGE last birthday 38 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Work around home
11. BIRTHPLACE (State or foreign country) Centreville Md
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Samuel Layton Rozier
14. MOTHER'S MAIDEN NAME Bessie P Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-16-1567
17. INFORMANT AND ADDRESS Augusta Rozier Wife Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Shot himself through right temple
(c) with pistol —

E76X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, ~~farm, factory, street, office bldg., etc.~~) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 15 1952 9 P m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Henry Fisher M.D. Deputy Med. Exam for Q A Co Md Centreville Md 9/17-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Sept 19-52 | NAME OF CEMETERY OR CREMATORY Chesterfield | LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. 9/18/52 | REGISTRAR'S SIGNATURE Edna Armstrong

24. FUNERAL DIRECTOR Easton Bros Centreville Maryland ADDRESS

VS. A-15A

RECEIVED
SEP 30 1952
BUREAU V. S.

09804

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Queenstown
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Queenstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Lydia (Middle) Bickland (Last) Smith
4. DATE OF DEATH (Month) (Day) (Year) September 17 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Bickland
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heart Block	10 mo.
	(c) Hypertensive CV Disease	4-5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emotional strain

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 15, 1952 to Sept., 1952, that I last saw the deceased alive on Sept 3, 1952, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE Irvin G. Hogg (Degree or title) M.D. ADDRESS Queenstown, Md. DATE SIGNED 9/17/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 19-1952
NAME OF CEMETERY OR CREMATORY Stevensville Cemetery
LOCATION (City, town, or county) Stevensville - Maryland (State)
DATE REC'D BY LOCAL REG. Sept 19-1952
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR Barton Bros - Centreville - Maryland ADDRESS

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 26 1952
BUREAU V. S

09805

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grasonville | LENGTH OF STAY (in this place): 75 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grasonville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Susanna (Middle) Cooper (Last) Wilkins
4. DATE OF DEATH: (Month) Sept. (Day) 7th (Year) 1952
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9/12/1876
9. AGE last birthday: 75 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Chas. Henry Cooper
14. MOTHER'S MAIDEN NAME: Rachel Johns
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency — ?

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, ferm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17, 19 51, to 9/7, 19 52, that I last saw the deceased alive on 8/20, 19 52, and that death occurred at 11 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Irvin D. Hoyt MD | Queenstown Md. | 9/8/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 9-10-52 | NAME OF CEMETERY OR CREMATORY: Robinson Cemetery | LOCATION (City, town, or county) (State): Grasonville Md.
DATE REC'D BY LOCAL REG. 9-9-52 | REGISTRAR'S SIGNATURE: Helen M. Aldridge | 24. FUNERAL DIRECTOR: James B. Tarbill, Easton, Md. | ADDRESS

RECEIVED
SEP 15 1952
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09806

CERTIFICATE OF DEATH

Reg. Dist. No. 2521

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) OLIN (Last) WILLIS

4. DATE OF DEATH: (Month) Sept (Day) 16 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 15. 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman Insurance
10b. KIND OF BUSINESS OR INDUSTRY: Life Insurance
11. BIRTHPLACE (State or foreign country): Dover Delaware
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Henry Willis
14. MOTHER'S MAIDEN NAME: Susan P Argoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 212-18-6799
17. INFORMANT & ADDRESS: Mrs Frank W Draper Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a)	Massive Coronary Occulsion	3-5 min
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary Artro Sclerosis	5 years
	DUE TO		
	(c)	Generalized Artro Sclerosis	years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1949, to Sept 16, 1952, that I last saw the deceased alive on Sept 12, 1952, and that death occurred at 3 10 A.m., from the causes and on the date stated above.

SIGNATURE C Rodney Layton M.D. (DEGREE OR TITLE) ADDRESS Centreville, Md DATE SIGNED 9-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept 18. 52
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) Centreville (State) Maryland

DATE REC'D BY LOCAL REG. 9/18/52
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Harton Bros Centreville ADDRESS Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

RECEIVED
SEP 30 1952
BUREAU V. S.